00395

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH · COUNTY: Charles — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hughesville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hughesville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) LEE (Last) ANDERSON

4. DATE OF DEATH: (Month) JANUARY (Day) 2 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: 5/9/49

9. AGE last birthday: 0 yrs. — If under 1 year: Months 7, Days 24, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Miss.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Elmer Lee Anderson

14. MOTHER'S MAIDEN NAME: Ellen Grahis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Ellen Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart Disease (Common Atrio-Ventricular Valve) - Cardiac Failure — 7 MONTHS & 24 days

Antecedent cause(s) (b) Acute Tonsillo-Pharyngitis — 36 hours.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

754.2

1576

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Mongolism — Life

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1949, to Jan. 2, 1950, that I last saw the deceased alive on Jan. 2, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE: John N. Griffin, M.D. (Degree or title) — ADDRESS: Hughesville, Charles Co. — DATE SIGNED: 1/2/50

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial — DATE: 1/4/50 — NAME OF CEMETERY OR CREMATORY: St. Mary's — LOCATION (City, town, or county) (State): Bryantown, Md

DATE REC'D BY LOCAL REG.: 1/5/50 — REGISTRAR'S SIGNATURE: Julia H. Posey — 24. FUNERAL DIRECTOR: Hunt & Ryon — ADDRESS: Waldorf, Md.

9-R-5-099-0000-R

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 9 1950
BUREAU V. S.

00397

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Vincent (Middle) — (Last) Berry
4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 1950
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 1-1-27
9. AGE last birthday 23 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Marbury
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Joseph Berry
14. MOTHER'S MAIDEN NAME Elizabeth Milstead
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Essie Berry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Hemorrhage — 1-3-50

002X Antecedent cause(s) (b) Pos. Pul. Tuberculosis — 2-3 mos.

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Medical Examiner's Case, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M. Dicenzo — ADDRESS Lapelle, Md — DATE SIGNED 1-3-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 1-6-50 — NAME OF CEMETERY OR CREMATORY Marbury Col. Baptist — LOCATION (City, town, or county) Marbury — (State) Md
DATE REC'D BY LOCAL REG. 1-4-50 — REGISTRAR'S SIGNATURE M. L. Mourt
1-6-50 Julia H. Posey
24. FUNERAL DIRECTOR [illegible] — ADDRESS

XUX94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1950
CL. BUREAU V. S.

00398

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: Rural Newburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Rural Newburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Agnes Teresa Brooks.

3. (b) Social Security Number

4. Sex: F.
5. Color or race: Col
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): Jan. 15, 1948

8. AGE: Years: 1 Months: 11 Days: 30 If less than one day ... hrs. ... min.

9. Birthplace: Chas. co. Md.
(Town, county, and state)
10. Usual occupation: —
11. Industry or business
FATHER 12. Name: Joseph Brooks
13. Birthplace: Chas. co. Md.
MOTHER 14. Maiden name: Pernece Young
15. Birthplace: Chas. co. Md.
16. Informant: Charles Co. Welfare
Address: La Plata, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/16/50 (month) (day) (year)
Cemetery or crematory: St. Peters
Location: Waldorf, Md.
18. Funeral director: Hunt & Ryon
Address: Waldorf, Md.
19. 1-16 1950 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1950 19... at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-13 1950 19... to ... 19...
and that I last saw h... alive on 1-13 19...

Immediate cause of death	DURATION
Pneumonia	3 Days
Due to: Lobar.	
Due to:	
Other conditions: 490 X 108 (Include pregnancy within 3 months of death)	

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. Rebelen M.D. M. D. or other
Address La Plata, Md. Date signed 1-14-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00399

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Physicians Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Donnellson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: John William Cox

3.(b) Social Security Number

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Oct. 24, 1879

8. AGE: Years: 70 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Chas. Co., Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: John W. Cox

13. Birthplace: Chas Co. Md.

MOTHER 14. Maiden name: Mary C. Wright

15. Birthplace: Chas. Co. Md.

16. Informant: Mrs Zipper Skinner

Address: Nanjemoy, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-6-50 (month) (day) (year)

Cemetery or crematory: Nanjemoy Baptist

Location: Nanjemoy, Md.

18. Funeral director: Hunt & Ryan

Address: Waldorf, Md.

19. 1-6 1950 (Date rec'd by registrar) Julian H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4 January 1950 at 5:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1949 to 4 January 1950 and that I last saw him alive on 3 January 1950

	DURATION
Immediate cause of death: Cerebral hemorrhage	15 days.
Due to: Generalize arteriosclerosis	7 yrs
Due to: Congestive heart failure	3 days.
Other conditions: ~~Bpr~~ Senile psychosis.	3 yrs

331 X

93d

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. D. Woodey MD (M. D. or other)

Address: La Plata, Md. Date signed 4 Jan 50.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00400

Reg. Diat. No. 100

1. PLACE OF DEATH: Charles
County
City or town Marbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Marbury
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Richard Bernard Davis, Jr. 3.(b) Social Security Number

4. Sex Male
5. Color or race Negro
6.(a) Single, married, widowed, or divorced S.
6.(b) Name of husband or wife
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 5, 1912

8. AGE: Years 37 Months Days If less than one day hrs. min.

9. Birthplace Charles Co., Md. (Town, county, and state)
10. Usual occupation Fisherman
11. Industry or business
FATHER 12. Name Richard Bernard Davis
13. Birthplace
MOTHER 14. Maiden name Elizabeth Smallwood
15. Birthplace
16. Informant Richard B. Davis
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-26-50 (month) (day) (year)
Cemetery or crematory Alexander M.E.
Location Chicamuxen, Md.
18. Funeral director Hunter + Rizzo
Address Waldorf, Md.
19. 1-26 1950 Julia H Pardy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1950 at 2:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner, Coal 19 to 19
and that I last saw him alive on 19
Immediate cause of death Drowning — DURATION 1-22-50
Due to
Due to Accidental
Other conditions 850.8 172
(Include pregnancy within 3 months of death)
Major findings of operation
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accidental Date of 1-22-50
Where did Injury occur? Marbury (City or town) Chas. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Mattawoman Creek
Means of Injury Fell out boat Injured at work? yes

23. SIGNATURE C. J. Edelen M.D. M. D. or other
Address La Plata, Md. Date signed 1-24-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00401

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural nr. Hughesville
LENGTH OF STAY (In this place) en route
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Highway #5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ROGER (Middle) Lewis (Last) ELLIOTT
4. DATE OF DEATH (Month) 1 (Day) 26 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1-21-1917
9. AGE last birthday 33 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY merchant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Abraham Elliott
14. MOTHER'S MAIDEN NAME Cynthia Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) II
16. SOCIAL SECURITY NO. 220-16-4608
17. INFORMANT Amy C. Elliott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound fracture of skull, with — Seconds
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) multiple fractures of extremities
(c) Auto accident — Seconds

822.5
170c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State Highway
(CITY OR TOWN) nr. Hughesville (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 26 (Year) 50 (Hour) 11:18 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Thrown from overturning auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James L. MacKavanagh (Degree or title) M.D., Deputy Medical Examiner, ADDRESS La Plata, Md. DATE SIGNED 1-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-30-50
NAME OF CEMETERY OR CREMATORY Joy Chapel Cemetery
LOCATION (City, town, or county) Hollywood, (State) Md.

DATE REC'D BY LOCAL REG. 1/28/50
REGISTRAR'S SIGNATURE Lauralee Mrs. F. W. Posey
24. FUNERAL DIRECTOR A. B. Robinson
ADDRESS Leonardtown Md.

15280

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M I T

RECEIVED
JAN 31 1950
BUREAU V. S.

00402

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DEACESED:
(For newborn infants give residence of mother)
State: Virginia County: Lee
City or town: St. Charles
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Frances Farmer

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: Andy Farmer
6.(c) If alive, give age: 67 years
7. Birth date of deceased (mo., day, yr.): Oct 23 1879

8. AGE: Years 70 Months 3 Days 7 If less than one day hrs. min.

9. Birthplace: Scott County Virginia (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: S. F. Bailie
13. Birthplace: Scott Co. Va

MOTHER
14. Maiden name: Ellen Jessie
15. Birthplace: Scott Co. Va.

16. Informant: Andy Farmer,
Address: Indian Head Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 2 1950 (month) (day) (year)
Cemetery or crematory: Cecil Cemetery,
Location: Pennington Gap. Va.
18. Funeral director: Hunt & Dyson.
Address: Waldorf Md

19. 1/31/ 1950 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 30 1950 at 6:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1936 to Jan 30 1950
and that I last saw her alive on Jan 30 1950

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to: Arteriosclerosis	
Due to:	
Other conditions: Diabetes Mellitus	

33 1X
61 (Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: George C. Bickwell M.D. M. D. or other
Address: Marlboro Md Date signed Jan 31 1950

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
FEB 14 1950
BUREAU V. S.

00403

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Chas — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) a (Last) King
4. DATE OF DEATH (Month) 1 (Day) 20 (Year) 1950
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 5-1877
9. AGE last birthday 72 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bryantown Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Millard Brightwell
14. MOTHER'S MAIDEN NAME Catherine Pickerel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT William H King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia Terminal — About 6 days

Antecedent cause(s) (b) Cardio-Vas-Renal Dis-

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Senility, Arthritis deformans for last 12 years - Bed-ridden

442x
131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 47, 19..., to 1/13, 1950, that I last saw the deceased alive on 1/13, 1950, and that death occurred at 3 A.M. m., from the causes and on the date stated above.

SIGNATURE: L. Webster — (Degree or title) M. D. — ADDRESS: Waldorf, Md. — DATE SIGNED: 1/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 23/50 — NAME OF CEMETERY OR CREMATORY: Oakland — LOCATION (City, town, or county) (State): Waldorf Md
DATE REC'D BY LOCAL REG. 1-21-50 — REGISTRAR'S SIGNATURE: M. L. Moore
24. FUNERAL DIRECTOR: Smith & Ryan — ADDRESS: Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

at church 3 PM

RECEIVED
JAN 24 1950
BUREAU V. S.

00494

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH: COUNTY Newberg Chas — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newberg — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newberg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wesley (Last) Marshall Sr.
4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 1950
5. SEX: M
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Oct 2-1853
9. AGE last birthday: 96 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Mt Victoria md
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: John Wesley Marshall Sr
14. MOTHER'S MAIDEN NAME: Mudderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: John Curtis Marshall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) myocarditis — 1 yr.

422.1 Antecedent cause(s) (b) Arteriosclerosis — 10 yr.

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15 1949 to 1-3-, 1950, that I last saw the deceased alive on 12-22, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS Ernest J Ferrar Md | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 1-7-50 | NAME OF CEMETERY OR CREMATORY Shiloh M.E. | LOCATION (City, town, or county) Hayside (State) md

DATE REC'D BY LOCAL REG. 1-6-50 | REGISTRAR'S SIGNATURE M.L. Monroe Wm. J. Fine | 24. FUNERAL DIRECTOR Hewitt & Ryan | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 11 1950
BUREAU F. S.

00405

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS La Plata Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELAINE (Middle) (Last) WHAREN
4. DATE OF DEATH (Month) 1 (Day) 9 (Year) 1950
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 13 - 1923
9. AGE last birthday 26 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Freeland Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Adam Mensinger
14. MOTHER'S MAIDEN NAME Altheda Ashman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ralph Wharen - brother in Law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral vascular accident — 3½ hrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) hypertension heart disease, — 4 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Pregnancy 5 months.

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19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from November, 1949, to 9 January, 1950, that I last saw the deceased alive on 9 January, 1950, and that death occurred at 7:45 P EST m., from the causes and on the date stated above.

SIGNATURE: Arthur O. Woodley (Degree or title) M.D. ADDRESS: Box 214 La Plata. Md. DATE SIGNED: 10 January 1950

23. BURIAL, CREMATION REMOVAL (Specify) Final Burial — DATE 1/12/50 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Freeland (State) Pa.
DATE REC'D BY LOCAL REG. 1/10/50 — REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR D.W. Chambers Co. ADDRESS 617-11th St. SE. Wash. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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